

Senate Amendment 5294

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1 1 Amend the amendment, S=5172, to House File 2539, as
1 2 amended, passed, and reprinted by the House, as
1 3 follows:
1 4 #1. By striking page 1, line 3, through page 32,
1 5 line 32, and inserting the following:
1 6 <#____. By striking page 1, line 3, through page 2,
1 7 line 4, and inserting the following:
1 8 <Section 1. DECLARATION OF INTENT.
1 9 1. It is the intent of the general assembly to
1 10 progress toward achievement of the goal that all
1 11 Iowans have health care coverage with the following
1 12 priorities:
1 13 a. The goal that all children in the state have
1 14 health care coverage which meets certain standards of
1 15 quality and affordability with the following
1 16 priorities:
1 17 (1) Covering all children who are declared
1 18 eligible for the medical assistance program or the
1 19 hawk=i program pursuant to chapter 514I no later than
1 20 January 1, 2011.
1 21 (2) If federal reauthorization of the state
1 22 children's health insurance program provides
1 23 sufficient federal allocations to the state and
1 24 authorization to cover such children as an option
1 25 under the state children's health insurance program,
1 26 requiring the department of human services to expand
1 27 coverage under the state children's health insurance
1 28 program to cover children with family incomes at or
1 29 below three hundred percent of the federal poverty
1 30 level, with appropriate cost sharing established for
1 31 families with incomes above two hundred percent of the
1 32 federal poverty level.
1 33 b. The goal that the Iowa comprehensive health
1 34 insurance association, in consultation with the
1 35 advisory council established in section 514E.5A,
1 36 develop a comprehensive plan to cover all children
1 37 without health care coverage that utilizes and
1 38 modifies existing public programs including the
1 39 medical assistance program and the hawk=i program and
1 40 provide access to unsubsidized, affordable, qualified
1 41 health care coverage for children, adults, and
1 42 families with family incomes as specified under the
1 43 Iowa choice health care coverage program who are not
1 44 otherwise eligible for health care coverage through
1 45 public programs.
1 46 c. The goal of decreasing health care costs and
1 47 health care coverage costs by:
1 48 (1) Instituting health insurance reforms that
1 49 assure the availability of private health insurance
1 50 coverage for Iowans by addressing issues involving
2 1 guaranteed availability and issuance to applicants,
2 2 preexisting condition exclusions, portability, and
2 3 allowable or required pooling and rating
2 4 classifications.
2 5 (2) Requiring children who have health care
2 6 coverage through a public program administered by the
2 7 state, with the exception of any public program that
2 8 provides health care coverage through private
2 9 insurers, and children who are insured through plans
2 10 created by the Iowa choice health care coverage
2 11 program to have a medical home.
2 12 (3) Establishing a statewide health information
2 13 technology system.
2 14 (4) Implementing cost containment strategies and
2 15 initiatives such as chronic care management, long-term
2 16 living planning and patient autonomy in health care
2 17 decision making, and transparency in health care costs
2 18 and quality information.>
2 19 #____. Page 2, by inserting before line 5 the
2 20 following:
2 21 <DIVISION ____
2 22 HAWK=I AND MEDICAID PROVISIONS
2 23 Sec. _____. Section 249A.3, Code Supplement 2007, is
2 24 amended by adding the following new subsection:

2 25 NEW SUBSECTION. 14. The department shall provide
2 26 continuous eligibility for twelve months under the
2 27 medical assistance program for a child who was
2 28 eligible for enrollment at the time of the most recent
2 29 enrollment.

2 30 Sec. _____. Section 514I.1, Code 2007, is amended by
2 31 adding the following new subsection:

2 32 NEW SUBSECTION. 5. It is the intent of the
2 33 general assembly that if federal reauthorization of
2 34 the state children's health insurance program provides
2 35 sufficient federal allocations to the state and
2 36 authorization to cover such children as an option
2 37 under the state children's health insurance program,
2 38 the department shall expand coverage under the state
2 39 children's health insurance program to cover children
2 40 with family incomes at or below three hundred percent
2 41 of the federal poverty level.

2 42 Sec. _____. Section 514I.5, subsection 7, paragraph
2 43 d, Code Supplement 2007, is amended to read as
2 44 follows:

2 45 d. Develop, with the assistance of the
2 46 department, an outreach plan, and provide for periodic
2 47 assessment of the effectiveness of the outreach plan.
2 48 The plan shall provide outreach to families of
2 49 children likely to be eligible for assistance under
2 50 the program, to inform them of the availability of and
3 1 to assist the families in enrolling children in the
3 2 program. The outreach efforts may include, but are
3 3 not limited to, solicitation of cooperation from
3 4 programs, agencies, and other persons who are likely
3 5 to have contact with eligible children, including but
3 6 not limited to those associated with the educational
3 7 system, and the development of community plans for
3 8 outreach and marketing. Other state agencies
3 9 including but not limited to the department of
3 10 revenue, the department of economic development, and
3 11 the department of education shall cooperate with the
3 12 department in providing marketing and outreach to
3 13 potentially eligible children and their families.

3 14 Sec. _____. Section 514I.5, subsection 7, Code
3 15 Supplement 2007, is amended by adding the following
3 16 new paragraph:

3 17 NEW PARAGRAPH. 1. Develop options and
3 18 recommendations to allow children eligible for the
3 19 hawk=i program to participate in qualified
3 20 employer-sponsored health plans through a premium
3 21 assistance program. The options and recommendations
3 22 shall ensure reasonable alignment between the benefits
3 23 and costs of the hawk=i program and the
3 24 employer-sponsored health plans consistent with
3 25 federal law. The options and recommendations shall be
3 26 completed by January 1, 2009, and submitted to the
3 27 governor and the general assembly for consideration as
3 28 part of the hawk=i program.

3 29 Sec. _____. Section 514I.7, subsection 2, paragraph
3 30 a, Code 2007, is amended to read as follows:

3 31 a. Determine individual eligibility for program
3 32 enrollment based upon review of completed applications
3 33 and supporting documentation. The administrative
3 34 contractor shall not enroll a child who has group
3 35 health coverage ~~or any child who has dropped coverage~~
3 36 ~~in the previous six months, unless the coverage was~~
3 37 ~~involuntarily lost or unless the reason for dropping~~
3 38 ~~coverage is allowed by rule of the board.~~

3 39 Sec. _____. MAXIMIZATION OF ENROLLMENT AND RETENTION
3 40 == MEDICAL ASSISTANCE AND HAWK=I PROGRAMS.

3 41 1. The department of human services, in
3 42 collaboration with the department of education, the
3 43 department of public health, the division of insurance
3 44 of the department of commerce, the hawk=i board, the
3 45 covering kids and families coalition, and the covering
3 46 kids now task force, shall develop a plan to maximize
3 47 enrollment and retention of eligible children in the
3 48 hawk=i and medical assistance programs. In developing
3 49 the plan, the collaborative shall review, at a
3 50 minimum, all of the following strategies:

4 1 a. Streamlined enrollment in the hawk=i and
4 2 medical assistance programs. The collaborative shall
4 3 identify information and documentation that may be
4 4 shared across departments and programs to simplify the
4 5 determination of eligibility or eligibility factors,

4 6 and any interagency agreements necessary to share
4 7 information consistent with state and federal
4 8 confidentiality and other applicable requirements.
4 9 b. Conditional eligibility for the hawk=i and
4 10 medical assistance programs.
4 11 c. Retroactive eligibility for the hawk=i program.
4 12 d. Expedited renewal for the hawk=i and medical
4 13 assistance programs.

4 14 2. Following completion of the review the
4 15 department of human services shall compile the plan
4 16 which shall address all of the following relative to
4 17 implementation of the strategies specified in
4 18 subsection 1:
4 19 a. Federal limitations and quantifying of the risk
4 20 of federal disallowance.

4 21 b. Any necessary amendment of state law or rule.
4 22 c. Budgetary implications and cost=benefit
4 23 analyses.

4 24 d. Any medical assistance state plan amendments,
4 25 waivers, or other federal approval necessary.

4 26 e. An implementation time frame.

4 27 3. The department of human services shall submit
4 28 the plan to the governor and the general assembly no
4 29 later than December 1, 2008.

4 30 Sec. ____ . MEDICAL ASSISTANCE, HAWK=I, AND HAWK=I
4 31 EXPANSION PROGRAMS == COVERING CHILDREN ==
4 32 APPROPRIATION. There is appropriated from the general
4 33 fund of the state to the department of human services
4 34 for the designated fiscal years, the following
4 35 amounts, or so much thereof as is necessary, for the
4 36 purpose designated:

4 37 To cover children as provided in this Act under the
4 38 medical assistance, hawk=i, and hawk=i expansion
4 39 programs and outreach under the current structure of
4 40 the programs:
4 41 FY 2008=2009 \$ 4,800,000
4 42 FY 2009=2010 \$ 14,800,000
4 43 FY 2010=2011 \$ 24,800,000

4 44 DIVISION ____

4 45 IOWA CHOICE HEALTH CARE COVERAGE PROGRAM

4 46 Sec. ____ . Section 514E.1, Code 2007, is amended by
4 47 adding the following new subsections:

4 48 NEW SUBSECTION. 0A. "Advisory council" means the
4 49 advisory council created in section 514E.5A.

4 50 NEW SUBSECTION. 6A. "Eligible individual" means
5 1 an individual who satisfies the eligibility
5 2 requirements for participation in the Iowa choice
5 3 health care coverage program as provided by the
5 4 association by rule.

5 5 NEW SUBSECTION. 14A. "Iowa choice health care
5 6 coverage program" means the Iowa choice health care
5 7 coverage program established in this chapter.

5 8 NEW SUBSECTION. 14B. "Iowa choice health care
5 9 policy" means an individual or group policy issued by
5 10 the association that provides the coverage set forth
5 11 in the benefit plans adopted by the association's
5 12 board of directors and approved by the commissioner
5 13 for the Iowa choice health care coverage program.

5 14 NEW SUBSECTION. 14C. "Iowa choice health
5 15 insurance" means the health insurance product
5 16 established by the Iowa choice health care coverage
5 17 program that is offered by a private health insurance
5 18 carrier.

5 19 NEW SUBSECTION. 14D. "Iowa choice health
5 20 insurance carrier" means any entity licensed by the
5 21 division of insurance of the department of commerce to
5 22 provide health insurance in Iowa or an organized
5 23 delivery system licensed by the director of public
5 24 health that has contracted with the association to
5 25 provide health insurance coverage to eligible
5 26 individuals under the Iowa choice health care coverage
5 27 program.

5 28 NEW SUBSECTION. 21. "Qualified health care
5 29 coverage" means creditable coverage which meets
5 30 minimum standards of quality and affordability as
5 31 determined by the association by rule.

5 32 Sec. ____ . Section 514E.2, subsections 1 and 3,
5 33 Code 2007, are amended to read as follows:

5 34 1. The Iowa comprehensive health insurance
5 35 association is established as a nonprofit corporation.
5 36 The association shall assure that benefit plans as

5 37 authorized in section 514E.1, subsection 2, for an
5 38 association policy, are made available to each
5 39 eligible Iowa resident and each federally eligible
5 40 individual applying to the association for coverage.
5 41 The association shall also be responsible for
5 42 administering the Iowa individual health benefit
5 43 reinsurance association pursuant to all of the terms
5 44 and conditions contained in chapter 513C. The
5 45 association shall also assure that benefit plans as
5 46 authorized in section 514E.1, subsection 14C, for an
5 47 Iowa choice health care policy are made available to
5 48 each eligible individual applying to the association
5 49 for coverage.

5 50 a. All carriers and all organized delivery systems
6 1 licensed by the director of public health providing
6 2 health insurance or health care services in Iowa,
6 3 whether on an individual or group basis, and all other
6 4 insurers designated by the association's board of
6 5 directors and approved by the commissioner shall be
6 6 members of the association.

6 7 b. The association shall operate under a plan of
6 8 operation established and approved under subsection 3
6 9 and shall exercise its powers through a board of
6 10 directors established under this section.

6 11 3. The association shall submit to the
6 12 commissioner a plan of operation for the association
6 13 and any amendments necessary or suitable to assure the
6 14 fair, reasonable, and equitable administration of the
6 15 association. The plan of operation shall include
6 16 provisions for the issuance of Iowa choice health care

6 17 policies and shall include provisions for the
6 18 development of a comprehensive plan to provide health
6 19 care coverage to all children without such coverage,
6 20 that utilizes and modifies existing public programs,
6 21 including the medical assistance program and the
6 22 hawk=i program and provides for the implementation of
6 23 the Iowa choice health care coverage program
6 24 established in section 514E.5. In developing the plan
6 25 of operation for the comprehensive plan and for the
6 26 Iowa choice health care coverage program, the

6 27 association shall give deference to the
6 28 recommendations made by the advisory council as
6 29 provided in section 514E.5A, subsection 1. The
6 30 association shall approve or disapprove but shall not
6 31 modify recommendations made by the advisory council.
6 32 Recommendations that are approved shall be included in
6 33 the plan of operation submitted to the commissioner.
6 34 Recommendations that are disapproved shall be
6 35 submitted to the commissioner with reasons for the

6 36 disapproval. The plan of operation becomes effective
6 37 upon approval in writing by the commissioner prior to
6 38 the date on which the coverage under this chapter must
6 39 be made available. After notice and hearing, the
6 40 commissioner shall approve the plan of operation if
6 41 the plan is determined to be suitable to assure the
6 42 fair, reasonable, and equitable administration of the
6 43 association, and provides for the sharing of
6 44 association losses, if any, on an equitable and
6 45 proportionate basis among the member carriers. If the
6 46 association fails to submit a suitable plan of
6 47 operation within one hundred eighty days after the
6 48 appointment of the board of directors, or if at any
6 49 later time the association fails to submit suitable
6 50 amendments to the plan, the commissioner shall adopt,
7 1 pursuant to chapter 17A, rules necessary to implement
7 2 this section. The rules shall continue in force until
7 3 modified by the commissioner or superseded by a plan
7 4 submitted by the association and approved by the
7 5 commissioner. In addition to other requirements, the
7 6 plan of operation shall provide for all of the
7 7 following:

7 8 a. The handling and accounting of assets and
7 9 moneys of the association.

7 10 b. The amount and method of reimbursing members of
7 11 the board.

7 12 c. Regular times and places for meeting of the
7 13 board of directors.

7 14 d. Records to be kept of all financial
7 15 transactions, and the annual fiscal reporting to the
7 16 commissioner.

7 17 e. Procedures for selecting the board of directors

7 18 and submitting the selections to the commissioner for
7 19 approval.

7 20 f. The periodic advertising of the general
7 21 availability of health insurance coverage from the
7 22 association.

7 23 g. Additional provisions necessary or proper for
7 24 the execution of the powers and duties of the
7 25 association.

7 26 Sec. . NEW SECTION. 514E.5 IOWA CHOICE HEALTH
7 27 CARE COVERAGE PROGRAM.

7 28 1. The association, in consultation with the
7 29 advisory council, shall develop a comprehensive plan
7 30 to provide health care coverage to all children
7 31 without such coverage, that utilizes and modifies
7 32 existing public programs including the medical
7 33 assistance program and hawk=i program, and establishes
7 34 the Iowa choice health care coverage program to
7 35 provide access to private unsubsidized, affordable,
7 36 qualified health care coverage to children who are not
7 37 otherwise eligible for health care coverage through
7 38 public programs.

7 39 2. As part of the comprehensive plan developed by
7 40 the association and the advisory council, the Iowa
7 41 choice health care coverage program shall provide
7 42 access to private unsubsidized, affordable, qualified
7 43 health care coverage to all Iowa children less than
7 44 nineteen years of age with a family income that is
7 45 more than two hundred percent of the federal poverty
7 46 level and to adults and families with a family income
7 47 that is less than four hundred percent of the federal
7 48 poverty level and who are not otherwise eligible for
7 49 coverage under chapter 249A, 249J, or 514I. However,
7 50 a child, adult, or family shall not be eligible for
8 1 health care coverage under the Iowa choice health care
8 2 coverage program if the child, adult, or family is
8 3 enrolled in group health coverage or has dropped
8 4 coverage in the previous six months, unless the
8 5 coverage was involuntarily lost or unless the reason
8 6 for dropping coverage is allowed by rule of the
8 7 association, in consultation with the advisory
8 8 council.

8 9 3. As part of the comprehensive plan developed,
8 10 the association, in consultation with the advisory
8 11 council, shall define what constitutes qualified
8 12 health care coverage for children less than nineteen
8 13 years of age. An Iowa choice health care policy for
8 14 such children shall provide qualified health care
8 15 coverage. For the purposes of this definition and for
8 16 designing Iowa choice health care policies for
8 17 children, requirements for coverage and benefits shall
8 18 include but are not limited to all of the following:

8 19 a. Inpatient hospital services including medical,
8 20 surgical, intensive care unit, mental health, and
8 21 substance abuse services.

8 22 b. Nursing care services including skilled nursing
8 23 facility services.

8 24 c. Outpatient hospital services including
8 25 emergency room, surgery, lab, and x-ray services and
8 26 other services.

8 27 d. Physician services, including surgical and
8 28 medical, office visits, newborn care, well=baby and
8 29 well=child care, immunizations, urgent care,
8 30 specialist care, allergy testing and treatment, mental
8 31 health visits, and substance abuse visits.

8 32 e. Ambulance services.

8 33 f. Physical therapy.

8 34 g. Speech therapy.

8 35 h. Durable medical equipment.

8 36 i. Home health care.

8 37 j. Hospice services.

8 38 k. Prescription drugs.

8 39 l. Dental services including preventive services.

8 40 m. Medically necessary hearing services.

8 41 n. Vision services including corrective lenses.

8 42 o. No underwriting requirements and no preexisting
8 43 condition exclusions.

8 44 p. Chiropractic services.

8 45 4. As part of the comprehensive plan developed,
8 46 the association, in consultation with the advisory
8 47 council, shall develop Iowa choice health care policy
8 48 options that are available for purchase for children

8 49 less than nineteen years of age with a family income
8 50 that is more than two hundred percent of the federal
9 1 poverty level. The program shall require a copayment
9 2 in an amount determined by the association for all
9 3 services received under such a policy except that the
9 4 contribution requirement for all cost-sharing expenses
9 5 of the policy shall be an amount that is no more than
9 6 two percent of family income per each child covered,
9 7 up to a maximum of six and one-half percent of family
9 8 income per family. Policies developed pursuant to
9 9 this subsection shall be available for purchase no
9 10 later than January 1, 2010.

9 11 5. As part of the comprehensive plan, the
9 12 association, in consultation with the advisory
9 13 council, shall define what constitutes qualified
9 14 health care coverage for adults and families who are
9 15 not eligible for a public program and have a family
9 16 income that is less than four hundred percent of the
9 17 federal poverty level. Iowa choice health care
9 18 policies for adults and families shall provide
9 19 qualified health care coverage. The association, in
9 20 consultation with the advisory council, shall develop
9 21 Iowa choice health care policy options that are
9 22 available for purchase by adults and families who are
9 23 not eligible for a public program and have a family
9 24 income that is less than four hundred percent of the
9 25 federal poverty level. The Iowa choice health care
9 26 policy options that are offered for purchase by such
9 27 adults and families shall provide a selection of
9 28 health benefit plans and standardized benefits with
9 29 the objective of providing health care coverage for
9 30 which all cost-sharing expenses do not exceed six and
9 31 one-half percent of family income. Policies developed
9 32 pursuant to this subsection shall be available for
9 33 purchase no later than January 1, 2010.

9 34 6. As part of the comprehensive plan, the Iowa
9 35 choice health care coverage program shall provide for
9 36 health benefits coverage through private health
9 37 insurance carriers that apply to the association and
9 38 meet the qualifications described in this section and
9 39 any additional qualifications established by rules of
9 40 the association. The Iowa choice health care coverage
9 41 program shall provide for the sale of Iowa choice
9 42 health care policies by licensed insurance producers
9 43 that apply to the association and meet the
9 44 qualifications established by rules of the
9 45 association. The association shall collaborate with
9 46 potential Iowa choice health insurance carriers to do
9 47 the following, including but not limited to:

9 48 a. Assure the availability of private qualified
9 49 health care coverage to all eligible individuals by
9 50 designing solutions to issues relating to guaranteed
10 1 issuance of insurance, preexisting condition
10 2 exclusions, portability, and allowable pooling and
10 3 rating classifications.

10 4 b. Formulate principles that ensure fair and
10 5 appropriate practices relating to issues involving
10 6 individual Iowa choice health care policies such as
10 7 rescission and preexisting condition clauses, and that
10 8 provide for a binding third-party review process to
10 9 resolve disputes related to such issues.

10 10 c. Design affordable, portable Iowa choice health
10 11 care policies that specifically meet the needs of
10 12 eligible individuals.

10 13 7. The association, in developing the
10 14 comprehensive plan, and in administering the
10 15 comprehensive plan and the Iowa choice health care
10 16 coverage program, may do any of the following:

10 17 a. Seek and receive any grant funding from the
10 18 federal government, departments, or agencies of this
10 19 state, and private foundations.

10 20 b. Contract with professional service firms as may
10 21 be necessary, and fix their compensation.

10 22 c. Employ persons necessary to carry out the
10 23 duties of the program.

10 24 d. Design a premium schedule to be published by
10 25 the association by December 1 of each year, which
10 26 includes the development of rating factors that are
10 27 consistent with market conditions.

10 28 8. The association shall submit the comprehensive
10 29 plan required by this section to the governor and the

10 30 general assembly by December 15, 2008. The
10 31 appropriations to cover children under the medical
10 32 assistance and hawk=i programs as provided in this Act
10 33 and to provide related outreach for fiscal year
10 34 2009=2010 and fiscal year 2010=2011 are contingent
10 35 upon enactment of a comprehensive plan during the 2009
10 36 legislative session that provides health care coverage
10 37 for all children in the state. Enactment of a
10 38 comprehensive plan shall include a determination of
10 39 what the prospects are of federal action which may
10 40 impact the comprehensive plan and the fiscal impact of
10 41 the comprehensive plan on the state budget.

10 42 9. Beginning on January 15, 2010, and on January
10 43 15 of each year thereafter, the association shall
10 44 submit an annual report to the governor and the
10 45 general assembly regarding implementation of the
10 46 comprehensive plan required by this section, including
10 47 all activities of the Iowa choice health care coverage
10 48 program including but not limited to membership in the
10 49 program, the administrative expenses of the program,
10 50 the extent of coverage, the effect on premiums, the
11 1 number of covered lives, the number of Iowa choice
11 2 health care policies issued or renewed, and Iowa
11 3 choice health care coverage program premiums earned
11 4 and claims incurred by Iowa choice health insurance
11 5 carriers offering Iowa choice health care policies.
11 6 The association shall also report specifically on the
11 7 impact of the comprehensive plan and the Iowa choice
11 8 health care coverage program on the small group and
11 9 individual health insurance markets and any reduction
11 10 in the number of uninsured individuals, particularly
11 11 children less than nineteen years of age, in the
11 12 state.

11 13 10. The association may grant not more than two
11 14 six=month extensions of the deadlines established in
11 15 this section as deemed necessary by the association to
11 16 promote orderly administration of the program and to
11 17 facilitate public outreach and information concerning
11 18 the program.

11 19 11. Any state obligation to provide services
11 20 pursuant to this section is limited to the extent of
11 21 the funds appropriated or provided for implementation
11 22 of this section.

11 23 12. Section 514E.7 is not applicable to Iowa
11 24 choice health care policies issued pursuant to this
11 25 section.

11 26 Sec. ____ NEW SECTION. 514E.5A ADVISORY COUNCIL.

11 27 1. An advisory council is created for the purpose
11 28 of assisting the association with developing a
11 29 comprehensive plan to cover all children without
11 30 health care coverage that utilizes and modifies
11 31 existing public programs and provides access to
11 32 unsubsidized, affordable, qualified private health
11 33 care coverage through the Iowa choice health care
11 34 coverage program as provided in section 514E.5. The
11 35 advisory council shall make recommendations concerning
11 36 the design and implementation of the comprehensive
11 37 plan and the Iowa choice health care coverage program
11 38 including a plan of operation which includes but is
11 39 not limited to a definition of what constitutes
11 40 qualified health care coverage, suggestions for the
11 41 design of Iowa choice health insurance options,
11 42 implementation of the health care coverage reporting
11 43 requirement, and plans for implementing the Iowa
11 44 choice health care coverage program.

11 45 2. The advisory council consists of the following
11 46 persons who are voting members unless otherwise
11 47 provided:

11 48 a. The two most recent former governors, or if one
11 49 or both of them are unable or unwilling to serve, a
11 50 person or persons appointed by the governor.

12 1 b. Six members appointed by the governor, subject
12 2 to confirmation by the senate:

12 3 (1) A representative of the federation of Iowa
12 4 insurers.

12 5 (2) A health economist.

12 6 (3) Two consumers, one of whom shall be a
12 7 representative of a children's advocacy organization.

12 8 (4) A representative of organized labor.

12 9 (5) A representative of an organization of
12 10 employers.

12 11 c. The following members shall be ex officio,
12 12 nonvoting members of the council:
12 13 (1) The commissioner of insurance, or a designee.
12 14 (2) The director of human services, or a designee.
12 15 (3) The director of public health, or a designee.
12 16 (4) Four members of the general assembly, one
12 17 appointed by the speaker of the house of
12 18 representatives, one appointed by the minority leader
12 19 of the house of representatives, one appointed by the
12 20 majority leader of the senate, and one appointed by
12 21 the minority leader of the senate.

12 22 3. The members of the council appointed by the
12 23 governor shall be appointed for terms of six years
12 24 beginning and ending as provided in section 69.19.
12 25 Such a member of the board is eligible for
12 26 reappointment. The governor shall fill a vacancy for
12 27 the remainder of the unexpired term.

12 28 4. The members of the council shall annually elect
12 29 one voting member as chairperson and one as vice
12 30 chairperson. Meetings of the council shall be held at
12 31 the call of the chairperson or at the request of a
12 32 majority of the council's members.

12 33 5. The members of the council shall not receive
12 34 compensation for the performance of their duties as
12 35 members but each member shall be paid necessary
12 36 expenses while engaged in the performance of duties of
12 37 the council.

12 38 6. The members of the council are subject to and
12 39 are officials within the meaning of chapter 68B.

12 40 Sec. ____ NEW SECTION. 514E.6 IOWA CHOICE HEALTH
12 41 CARE COVERAGE PROGRAM FUND == APPROPRIATION.

12 42 The Iowa choice health care coverage program fund
12 43 is created in the state treasury as a separate fund
12 44 under the control of the association for deposit of
12 45 any funds for initial operating expenses of the Iowa
12 46 choice health care coverage program, payments made by
12 47 employers and individuals, and any funds received from
12 48 any public or private source. All moneys credited to
12 49 the fund are appropriated and available to the
12 50 association to be used for the purposes of designing
13 1 and implementing a comprehensive plan and the Iowa
13 2 choice health care coverage program as provided in
13 3 section 514E.5. Notwithstanding section 8.33, any
13 4 balance in the fund on June 30 of each fiscal year
13 5 shall not revert to the general fund of the state, but
13 6 shall be available for the purposes set forth for the
13 7 program in this chapter in subsequent years.

13 8 Sec. ____ IOWA CHOICE HEALTH CARE COVERAGE PROGRAM
13 9 == APPROPRIATION. There is appropriated from the
13 10 general fund of the state to the insurance division of
13 11 the department of commerce for the fiscal year
13 12 beginning July 1, 2008, and ending June 30, 2009, the
13 13 following amount, or so much thereof as is necessary,
13 14 for the purpose designated:

13 15 For deposit in the Iowa choice health care coverage
13 16 program fund existing in section 514E.6, for the
13 17 activities of the Iowa choice health care coverage
13 18 program:
13 19 \$ 50,000

13 20 DIVISION ____
13 21 HEALTH INSURANCE OVERSIGHT

13 22 Sec. ____ Section 505.8, Code Supplement 2007, is
13 23 amended by adding the following new subsection:

13 24 NEW SUBSECTION. 15. Beginning no later than
13 25 November 1, 2008, and continuing thereafter, the
13 26 commissioner shall, from time to time, convene
13 27 representatives of health insurers and health care
13 28 providers licensed under chapter 148, 150, or 150A, to
13 29 discuss and make recommendations about issues relating
13 30 to cost containment, quality, and access of health
13 31 care for Iowans, with a focus on major factors and
13 32 trends in health care. The commissioner may identify
13 33 procedures or practices related to health insurance
13 34 that merit regulatory intervention or direction by the
13 35 commissioner and shall take action as deemed
13 36 appropriate within the commissioner's authority. The
13 37 commissioner may make recommendations to the general
13 38 assembly and the governor regarding legislation to
13 39 improve the efficient and effective delivery of health
13 40 care services and to strengthen the private health
13 41 insurance market in this state.

13 42 Sec. ____ HEALTH INSURANCE OVERSIGHT ==
13 43 APPROPRIATION. There is appropriated from the general
13 44 fund of the state to the insurance division of the
13 45 department of commerce for the fiscal year beginning
13 46 July 1, 2008, and ending June 30, 2009, the following
13 47 amount, or so much thereof as is necessary, for the
13 48 purpose designated:
13 49 For identification and regulation of procedures and
13 50 practices related to health care as provided in
14 1 section 505.8, subsection 15:
14 2 \$ 80,000>
14 3 #____. Page 8, by striking lines 22 through 29 and
14 4 inserting the following:
14 5 <Sec. ____ Section 8D.13, Code 2007, is amended by
14 6 adding the following new subsection:
14 7 NEW SUBSECTION. 20. Access shall be offered to
14 8 the Iowa hospital association only for the purposes of
14 9 collection, maintenance, and dissemination of health
14 10 and financial data for hospitals and for hospital
14 11 education services. The Iowa hospital association
14 12 shall be responsible for all costs associated with
14 13 becoming part of the network, as determined by the
14 14 commission.>
14 15 #____. Page 8, by inserting after line 34 the
14 16 following:
14 17 <Sec. ____ IOWA HEALTH INFORMATION TECHNOLOGY
14 18 SYSTEM == APPROPRIATION. There is appropriated from
14 19 the general fund of the state to the department of
14 20 public health for the fiscal year beginning July 1,
14 21 2008, and ending June 30, 2009, the following amount,
14 22 or so much thereof as is necessary, for the purpose
14 23 designated:
14 24 For administration of the Iowa health information
14 25 technology system, and for not more than the following
14 26 full-time equivalent positions:
14 27 \$ 118,800
14 28 FTEs 2.00>
14 29 #____. Page 9, by striking line 1 and inserting the
14 30 following:
14 31 <LONG=TERM LIVING PLANNING AND
14 32 PATIENT AUTONOMY IN HEALTH CARE>
14 33 #____. Page 9, by inserting after line 14 the
14 34 following:
14 35 <Sec. ____ END=OF=LIFE CARE DECISION MAKING ==
14 36 APPROPRIATION. There is appropriated from the general
14 37 fund of the state to the department of elder affairs
14 38 for the fiscal year beginning July 1, 2008, and ending
14 39 June 30, 2009, the following amount, or so much
14 40 thereof as is necessary, for the purpose designated:
14 41 For activities associated with the end-of-life care
14 42 decision-making requirements of this division:
14 43 \$ 10,000
14 44 Sec. ____ LONG=TERM LIVING PLANNING TOOLS ==
14 45 PUBLIC EDUCATION CAMPAIGN. The legal services
14 46 development and substitute decision maker programs of
14 47 the department of elder affairs, in collaboration with
14 48 other appropriate agencies and interested parties,
14 49 shall research existing long-term living planning
14 50 tools that are designed to increase quality of life
15 1 and contain health care costs and recommend a public
15 2 education campaign strategy on long-term living to the
15 3 general assembly by January 1, 2009.
15 4 Sec. ____ LONG=TERM CARE OPTIONS PUBLIC EDUCATION
15 5 CAMPAIGN. The department of elder affairs, in
15 6 collaboration with the insurance division of the
15 7 department of commerce, shall implement a long-term
15 8 care options public education campaign. The campaign
15 9 may utilize such tools as the "Own Your Future
15 10 Planning Kit" administered by the centers for Medicare
15 11 and Medicaid services, the administration on aging,
15 12 and the office of the assistant secretary for planning
15 13 and evaluation of the United States department of
15 14 health and human services, and other tools developed
15 15 through the aging and disability resource center
15 16 program of the administration on aging and the centers
15 17 for Medicare and Medicaid services designed to promote
15 18 health and independence as Iowans age, assist older
15 19 Iowans in making informed choices about the
15 20 availability of long-term care options, including
15 21 alternatives to facility-based care, and to streamline
15 22 access to long-term care.

15 23 Sec. _____. LONG-TERM CARE OPTIONS PUBLIC EDUCATION
15 24 CAMPAIGN == APPROPRIATION. There is appropriated from
15 25 the general fund of the state to the department of
15 26 elder affairs for the fiscal year beginning July 1,
15 27 2008, and ending June 30, 2009, the following amount,
15 28 or so much thereof as is necessary, for the purpose
15 29 designated:
15 30 For activities associated with the long-term care
15 31 options public education campaign requirements of this
15 32 division:
15 33 \$ 75,000

15 34 Sec. _____. HOME AND COMMUNITY-BASED SERVICES PUBLIC
15 35 EDUCATION CAMPAIGN. The department of elder affairs
15 36 shall work with other public and private agencies to
15 37 identify resources that may be used to continue the
15 38 work of the aging and disability resource center
15 39 established by the department through the aging and
15 40 disability resource center grant program efforts of
15 41 the administration on aging and the centers for
15 42 Medicare and Medicaid services of the United States
15 43 department of health and human services, beyond the
15 44 federal grant period ending September 30, 2008.

15 45 Sec. _____. PATIENT AUTONOMY IN HEALTH CARE
15 46 DECISIONS PILOT PROJECT.

15 47 1. The department of public health shall establish
15 48 a two-year community coalition for patient treatment
15 49 wishes across the health care continuum pilot project,
15 50 beginning July 1, 2008, and ending June 30, 2010, in a
16 1 county with a population of between fifty thousand and
16 2 one hundred thousand. The pilot project shall utilize
16 3 the process based upon the national physicians orders
16 4 for life sustaining treatment program initiative,
16 5 including use of a standardized physician order for
16 6 scope of treatment form. The pilot project may
16 7 include applicability to chronically ill, frail, and
16 8 elderly or terminally ill individuals in hospitals
16 9 licensed pursuant to chapter 135B, nursing facilities
16 10 or residential care facilities licensed pursuant to
16 11 chapter 135C, or hospice programs as defined in
16 12 section 135J.1.

16 13 2. The department of public health shall convene
16 14 an advisory council, consisting of representatives of
16 15 entities with interest in the pilot project, including
16 16 but not limited to the Iowa hospital association, the
16 17 Iowa medical society, organizations representing
16 18 health care facilities, representatives of health care
16 19 providers, and the Iowa trial lawyers association, to
16 20 develop recommendations for expanding the pilot
16 21 project statewide. The advisory council shall hold
16 22 meetings throughout the state to obtain input
16 23 regarding the pilot project and its statewide
16 24 application. Based on information collected regarding
16 25 the pilot project and information obtained through its
16 26 meetings, the advisory council shall report its
16 27 findings and recommendations, including
16 28 recommendations for legislation, to the governor and
16 29 the general assembly by January 1, 2010.

16 30 3. The pilot project shall not alter the rights of
16 31 individuals who do not execute a physician order for
16 32 scope of treatment.

16 33 a. If an individual is a qualified patient as
16 34 defined in section 144A.2, the individual's
16 35 declaration executed under chapter 144A shall control
16 36 health care decision making for the individual in
16 37 accordance with chapter 144A. A physician order for
16 38 scope of treatment shall not supersede a declaration
16 39 executed pursuant to chapter 144A. If an individual
16 40 has not executed a declaration pursuant to chapter
16 41 144A, health care decision making relating to
16 42 life-sustaining procedures for the individual shall be
16 43 governed by section 144A.7.

16 44 b. If an individual has executed a durable power
16 45 of attorney for health care pursuant to chapter 144B,
16 46 the individual's durable power of attorney for health
16 47 care shall control health care decision making for the
16 48 individual in accordance with chapter 144B. A
16 49 physician order for scope of treatment shall not
16 50 supersede a durable power of attorney for health care
17 1 executed pursuant to chapter 144B.

17 2 c. In the absence of actual notice of the
17 3 revocation of a physician order for scope of

17 4 treatment, a physician, health care provider, or any
17 5 other person who complies with a physician order for
17 6 scope of treatment shall not be subject to liability,
17 7 civil or criminal, for actions taken under this
17 8 section which are in accordance with reasonable
17 9 medical standards. Any physician, health care
17 10 provider, or other person against whom criminal or
17 11 civil liability is asserted because of conduct in
17 12 compliance with this section may interpose the
17 13 restriction on liability in this paragraph as an
17 14 absolute defense.

17 15 Sec. ____ PATIENT AUTONOMY IN HEALTH CARE
17 16 DECISIONS PILOT PROJECT == APPROPRIATION. There is
17 17 appropriated from the general fund of the state to the
17 18 department of public health for the fiscal year
17 19 beginning July 1, 2008, and ending June 30, 2009, the
17 20 following amount, or so much thereof as is necessary,
17 21 for the purpose designated:

17 22 For activities associated with the patient autonomy
17 23 in health care decisions pilot project requirements of
17 24 this division:

17 25 \$ 40,000

17 26 The department shall procure a sole source
17 27 contract to implement the patient autonomy in health
17 28 care decisions pilot project and associated activities
17 29 under this section.>

17 30 #____. Page 9, by inserting after line 34 the
17 31 following:

17 32 <Sec. ____ NEW SECTION. 509A.13B CONTINUATION OF
17 33 DEPENDENT COVERAGE.

17 34 If a governing body, a county board of supervisors,
17 35 or a city council has procured accident or health care
17 36 coverage for its employees under this chapter such
17 37 coverage shall permit continuation of existing
17 38 coverage for an unmarried dependent child of an
17 39 insured or enrollee who so elects, at least through
17 40 the age of twenty-five years old or so long as the
17 41 dependent child maintains full-time status as a
17 42 student in an accredited institution of postsecondary
17 43 education, whichever occurs last, at a premium
17 44 established in accordance with the rating practices of
17 45 the coverage.>

17 46 #____. Page 12, by inserting after line 31 the
17 47 following:

17 48 <____. A chiropractor licensed pursuant to chapter
17 49 151.>

17 50 #____. Page 16, by striking lines 23 through 29 and
18 1 inserting the following: <of a statewide medical home
18 2 system.>

18 3 #____. Page 17, line 17, by inserting after the word
18 4 <service.> the following: <The plan shall provide
18 5 that in sharing information, the priority shall be the
18 6 protection of the privacy of individuals and the
18 7 security and confidentiality of the individual's
18 8 information. Any sharing of information required by
18 9 the medical home system shall comply and be consistent
18 10 with all existing state and federal laws and
18 11 regulations relating to the confidentiality of health
18 12 care information and shall be subject to written
18 13 consent of the patient.>

18 14 #____. Page 20, line 26, by inserting after the
18 15 words <recipients of> the following: <full benefits
18 16 under>.

18 17 #____. Page 20, lines 33 and 34, by striking the
18 18 words <adult recipients of medical assistance> and
18 19 inserting the following: <adults who are recipients
18 20 of full benefits under the medical assistance
18 21 program>.

18 22 #____. Page 21, line 25, by striking the figure <12>
18 23 and inserting the following: <11>.

18 24 #____. Page 22, by inserting after line 1 the
18 25 following:

18 26 <Sec. ____ MEDICAL HOME SYSTEM == APPROPRIATION.
18 27 There is appropriated from the general fund of the
18 28 state to the department of public health for the
18 29 fiscal year beginning July 1, 2008, and ending June
18 30 30, 2009, the following amount, or so much thereof as
18 31 is necessary, for the purpose designated:

18 32 For activities associated with the medical home
18 33 system requirements of this division and for not more
18 34 than the following full-time equivalent positions:

18 35 \$ 137,800
18 36 FTEs 4.00>
18 37 #____. Page 28, by striking lines 2 through 6.
18 38 #____. Page 28, by inserting after line 29 the
18 39 following:
18 40 <Sec. _____. Section 136.3, Code 2007, is amended by
18 41 adding the following new subsection:
18 42 NEW SUBSECTION. 12. Perform those duties
18 43 authorized pursuant to section 135.161.
18 44 Sec. _____. PREVENTION AND CHRONIC CARE MANAGEMENT
18 45 == APPROPRIATION. There is appropriated from the
18 46 general fund of the state to the department of public
18 47 health for the fiscal year beginning July 1, 2008, and
18 48 ending June 30, 2009, the following amount, or so much
18 49 thereof as is necessary, for the purpose designated:
18 50 For activities associated with the prevention and
19 1 chronic care management requirements of this division:
19 2 \$ 150,500>
19 3 #____. Page 29, line 25, by inserting after the
19 4 figure <249J.16.> the following: <The council shall
19 5 also coordinate its efforts with the efforts of the
19 6 department of public health regarding health care
19 7 quality, cost containment, and consumer information
19 8 under section 135.163.>
19 9 #____. Page 31, by inserting after line 8, the
19 10 following:
19 11 <DIVISION ____
19 12 HEALTH CARE QUALITY, COST CONTAINMENT, AND
19 13 CONSUMER INFORMATION
19 14 DIVISION XXIV
19 15 HEALTH CARE QUALITY, COST CONTAINMENT,
19 16 AND CONSUMER INFORMATION
19 17 Sec. _____. NEW SECTION. 135.163 HEALTH CARE
19 18 QUALITY, COST CONTAINMENT, AND CONSUMER INFORMATION.
19 19 1. The department shall, at a minimum, do all of
19 20 the following, to improve health care quality, cost
19 21 containment and consumer information:
19 22 a. Develop cost=containment measures that help to
19 23 contain costs while improving quality in the health
19 24 care system.
19 25 b. Provide for coordination of public and private
19 26 cost=containment, quality, and safety efforts in this
19 27 state, including but not limited to efforts of the
19 28 Iowa healthcare collaborative, the Iowa health buyers'
19 29 alliance, the state's Medicare quality improvement
19 30 organization, the Iowa Medicaid enterprise, and the
19 31 medical assistance quality improvement council
19 32 established pursuant to section 249A.36.
19 33 c. Carry out other health care price, quality, and
19 34 safety-related research as directed by the governor
19 35 and the general assembly.
19 36 d. Develop strategies to contain health care costs
19 37 which may include:
19 38 (1) Promoting adoption of health information
19 39 technology through provider incentives.
19 40 (2) Considering a four-tier prescription drug
19 41 copayment system within a prescription drug benefit
19 42 that includes a zero copayment tier for select
19 43 medications to improve patient compliance.
19 44 (3) Providing a standard medication therapy
19 45 management program as a prescription drug benefit to
19 46 optimize high-risk patients' medication outcomes.
19 47 (4) Investigating whether pooled purchasing for
19 48 prescription drug benefits, such as a common statewide
19 49 preferred drug list, would decrease costs.
19 50 e. Develop strategies to increase the public's
20 1 role and responsibility in personal health care
20 2 choices and decisions which may include:
20 3 (1) Creating a public awareness campaign to
20 4 educate consumers on smart health care choices.
20 5 (2) Promoting public reporting of quality
20 6 performance measures.
20 7 f. Develop implementation strategies which may
20 8 include piloting the various quality,
20 9 cost=containment, and public involvement strategies
20 10 utilizing publicly funded health care coverage groups
20 11 such as the medical assistance program, state of Iowa
20 12 employee group health plans, and regents institutions
20 13 health care plans, consistent with collective
20 14 bargaining agreements in effect.
20 15 g. Develop a method for health care providers to

20 16 provide a patient, upon request, with a reasonable
20 17 estimate of charges for the services.
20 18 h. Identify the process and time frames for
20 19 implementation of any initiatives, identify any
20 20 barriers to implementation of initiatives, and
20 21 recommend any changes in law or rules necessary to
20 22 eliminate the barriers and to implement the
20 23 initiatives.

20 24 Sec. _____. HEALTH CARE QUALITY, COST CONTAINMENT,
20 25 AND CONSUMER INFORMATION == APPROPRIATION. There is
20 26 appropriated from the general fund of the state to the
20 27 department of public health for the fiscal year
20 28 beginning July 1, 2008, and ending June 30, 2009, the
20 29 following amount, or so much thereof as is necessary,
20 30 for the purpose designated:

20 31 For activities associated with the health care
20 32 quality, cost containment, and consumer information
20 33 requirements of this division and for not more than
20 34 the following full-time equivalent positions:
20 35 \$ 135,900
20 36 FTEs 3.00

20 37 DIVISION XXV
20 38 HEALTH AND LONG-TERM CARE ACCESS
20 39 Sec. _____. NEW SECTION. 135.164 HEALTH AND
20 40 LONG-TERM CARE ACCESS.

20 41 The department shall coordinate public and private
20 42 efforts to develop and maintain an appropriate health
20 43 care delivery infrastructure and a stable,
20 44 well-qualified, diverse, and sustainable health care
20 45 workforce in this state. The health care delivery
20 46 infrastructure and the health care workforce shall
20 47 address the broad spectrum of health care needs of
20 48 Iowans throughout their lifespan including long-term
20 49 care needs. The department shall collaborate with the
20 50 university of Iowa college of public health in
21 1 fulfilling the requirements of this division. The
21 2 department shall, at a minimum, do all of the
21 3 following:

- 21 4 1. Develop a strategic plan for health care
21 5 delivery infrastructure and health care workforce
21 6 resources in this state.
- 21 7 2. Provide for the continuous collection of data
21 8 to provide a basis for health care strategic planning
21 9 and health care policymaking.
- 21 10 3. Make recommendations regarding the health care
21 11 delivery infrastructure and the health care workforce
21 12 that assist in monitoring current needs, predicting
21 13 future trends, and informing policymaking.
- 21 14 4. Advise and provide support to the health
21 15 facilities council established in section 135.62.

21 16 Sec. _____. NEW SECTION. 135.165 STRATEGIC PLAN.

21 17 1. The strategic plan for health care delivery
21 18 infrastructure and health care workforce resources
21 19 shall describe the existing health care system,
21 20 describe and provide a rationale for the desired
21 21 health care system, provide an action plan for
21 22 implementation, and provide methods to evaluate the
21 23 system. The plan shall incorporate expenditure
21 24 control methods and integrate criteria for
21 25 evidence-based health care. The department shall do
21 26 all of the following in developing the strategic plan
21 27 for health care delivery infrastructure and health
21 28 care workforce resources:

- 21 29 a. Conduct strategic health planning activities
21 30 related to preparation of the strategic plan.
- 21 31 b. Develop a computerized system for accessing,
21 32 analyzing, and disseminating data relevant to
21 33 strategic health planning. The department may enter
21 34 into data sharing agreements and contractual
21 35 arrangements necessary to obtain or disseminate
21 36 relevant data.
- 21 37 c. Conduct research and analysis or arrange for
21 38 research and analysis projects to be conducted by
21 39 public or private organizations to further the
21 40 development of the strategic plan.
- 21 41 d. Establish a technical advisory committee to
21 42 assist in the development of the strategic plan. The
21 43 members of the committee may include but are not
21 44 limited to health economists, health planners,
21 45 representatives of health care purchasers,
21 46 representatives of state and local agencies that

21 47 regulate entities involved in health care,
21 48 representatives of health care providers and health
21 49 care facilities, and consumers.

21 50 2. The strategic plan shall include statewide
22 1 health planning policies and goals related to the
22 2 availability of health care facilities and services,
22 3 the quality of care, and the cost of care. The
22 4 policies and goals shall be based on the following
22 5 principles:

22 6 a. That a strategic health planning process,
22 7 responsive to changing health and social needs and
22 8 conditions, is essential to the health, safety, and
22 9 welfare of Iowans. The process shall be reviewed and
22 10 updated as necessary to ensure that the strategic plan
22 11 addresses all of the following:

22 12 (1) Promoting and maintaining the health of all
22 13 Iowans.

22 14 (2) Providing accessible health care services
22 15 through the maintenance of an adequate supply of
22 16 health facilities and an adequate workforce.

22 17 (3) Controlling excessive increases in costs.

22 18 (4) Applying specific quality criteria and
22 19 population health indicators.

22 20 (5) Recognizing prevention and wellness as
22 21 priorities in health care programs to improve quality
22 22 and reduce costs.

22 23 (6) Addressing periodic priority issues including
22 24 disaster planning, public health threats, and public
22 25 safety dilemmas.

22 26 (7) Coordinating health care delivery and resource
22 27 development efforts among state agencies including
22 28 those tasked with facility, services, and professional
22 29 provider licensure; state and federal reimbursement;
22 30 health service utilization data systems; and others.

22 31 (8) Recognizing long-term care as an integral
22 32 component of the health care delivery infrastructure
22 33 and as an essential service provided by the health
22 34 care workforce.

22 35 b. That both consumers and providers throughout
22 36 the state must be involved in the health planning
22 37 process, outcomes of which shall be clearly
22 38 articulated and available for public review and use.

22 39 c. That the supply of a health care service has a
22 40 substantial impact on utilization of the service,
22 41 independent of the effectiveness, medical necessity,
22 42 or appropriateness of the particular health care
22 43 service for a particular individual.

22 44 d. That given that health care resources are not
22 45 unlimited, the impact of any new health care service
22 46 or facility on overall health expenditures in this
22 47 state must be considered.

22 48 e. That excess capacity of health care services
22 49 and facilities places an increased economic burden on
22 50 the public.

23 1 f. That the likelihood that a requested new health
23 2 care facility, service, or equipment will improve
23 3 health care quality and outcomes must be considered.

23 4 g. That development and ongoing maintenance of
23 5 current and accurate health care information and
23 6 statistics related to cost and quality of health care
23 7 and projections of the need for health care facilities
23 8 and services are necessary to developing an effective
23 9 health care planning strategy.

23 10 h. That the certificate of need program as a
23 11 component of the health care planning regulatory
23 12 process must balance considerations of access to
23 13 quality care at a reasonable cost for all Iowans,
23 14 optimal use of existing health care resources,
23 15 fostering of expenditure control, and elimination of
23 16 unnecessary duplication of health care facilities and
23 17 services, while supporting improved health care
23 18 outcomes.

23 19 i. That strategic health care planning must be
23 20 concerned with the stability of the health care
23 21 system, encompassing health care financing, quality,
23 22 and the availability of information and services for
23 23 all residents.

23 24 3. The health care delivery infrastructure and
23 25 health care workforce resources strategic plan
23 26 developed by the department shall include all of the
23 27 following:

23 28 a. A health care system assessment and objectives
23 29 component that does all of the following:

- 23 30 (1) Describes state and regional population
23 31 demographics, health status indicators, and trends in
23 32 health status and health care needs.
- 23 33 (2) Identifies key policy objectives for the state
23 34 health care system related to access to care, health
23 35 care outcomes, quality, and cost-effectiveness.

23 36 b. A health care facilities and services plan that
23 37 assesses the demand for health care facilities and
23 38 services to inform state health care planning efforts
23 39 and direct certificate of need determinations, for
23 40 those facilities and services subject to certificate
23 41 of need. The plan shall include all of the following:

- 23 42 (1) An inventory of each geographic region's
23 43 existing health care facilities and services.
- 23 44 (2) Projections of the need for each category of
23 45 health care facility and service, including those
23 46 subject to certificate of need.
- 23 47 (3) Policies to guide the addition of new or
23 48 expanded health care facilities and services to
23 49 promote the use of quality, evidence-based,
23 50 cost-effective health care delivery options, including
24 1 any recommendations for criteria, standards, and
24 2 methods relevant to the certificate of need review
24 3 process.
- 24 4 (4) An assessment of the availability of health
24 5 care providers, public health resources,
24 6 transportation infrastructure, and other
24 7 considerations necessary to support the needed health
24 8 care facilities and services in each region.

24 9 c. A health care data resources plan that
24 10 identifies data elements necessary to properly conduct
24 11 planning activities and to review certificate of need
24 12 applications, including data related to inpatient and
24 13 outpatient utilization and outcomes information, and
24 14 financial and utilization information related to
24 15 charity care, quality, and cost. The plan shall
24 16 provide all of the following:

- 24 17 (1) An inventory of existing data resources, both
24 18 public and private, that store and disclose
24 19 information relevant to the health care planning
24 20 process, including information necessary to conduct
24 21 certificate of need activities. The plan shall
24 22 identify any deficiencies in the inventory of existing
24 23 data resources and the data necessary to conduct
24 24 comprehensive health care planning activities. The
24 25 plan may recommend that the department be authorized
24 26 to access existing data sources and conduct
24 27 appropriate analyses of such data or that other
24 28 agencies expand their data collection activities as
24 29 statutory authority permits. The plan may identify
24 30 any computing infrastructure deficiencies that impede
24 31 the proper storage, transmission, and analysis of
24 32 health care planning data.
- 24 33 (2) Recommendations for increasing the
24 34 availability of data related to health care planning
24 35 to provide greater community involvement in the health
24 36 care planning process and consistency in data used for
24 37 certificate of need applications and determinations.
24 38 The plan shall also integrate the requirements for
24 39 annual reports by hospitals and health care facilities
24 40 pursuant to section 135.75, the provisions relating to
24 41 analyses and studies by the department pursuant to
24 42 section 135.76, the data compilation provisions of
24 43 section 135.78, and the provisions for contracts for
24 44 assistance with analyses, studies, and data pursuant
24 45 to section 135.83.

24 46 d. An assessment of emerging trends in health care
24 47 delivery and technology as they relate to access to
24 48 health care facilities and services, quality of care,
24 49 and costs of care. The assessment shall recommend any
24 50 changes to the scope of health care facilities and
25 1 services covered by the certificate of need program
25 2 that may be warranted by these emerging trends. In
25 3 addition, the assessment may recommend any changes to
25 4 criteria used by the department to review certificate
25 5 of need applications, as necessary.

25 6 e. A rural health care resources plan to assess
25 7 the availability of health resources in rural areas of
25 8 the state, assess the unmet needs of these

25 9 communities, and evaluate how federal and state
25 10 reimbursement policies can be modified, if necessary,
25 11 to more efficiently and effectively meet the health
25 12 care needs of rural communities. The plan shall
25 13 consider the unique health care needs of rural
25 14 communities, the adequacy of the rural health care
25 15 workforce, and transportation needs for accessing
25 16 appropriate care.

25 17 f. A health care workforce resources plan to
25 18 assure a competent, diverse, and sustainable health
25 19 care workforce in Iowa and to improve access to health
25 20 care in underserved areas and among underserved
25 21 populations. The plan shall include the establishment
25 22 of an advisory council to inform and advise the
25 23 department and policymakers regarding issues relevant
25 24 to the health care workforce in Iowa. The health care
25 25 workforce resources plan shall recognize long-term
25 26 care as an essential service provided by the health
25 27 care workforce.

25 28 4. The department shall submit the initial
25 29 statewide health care delivery infrastructure and
25 30 resources strategic plan to the governor and the
25 31 general assembly by January 1, 2010, and shall submit
25 32 an updated strategic plan to the governor and the
25 33 general assembly every two years thereafter.

25 34 Sec. ____ HEALTH CARE ACCESS == APPROPRIATION.
25 35 There is appropriated from the general fund of the
25 36 state to the department of public health for the
25 37 fiscal year beginning July 1, 2008, and ending June
25 38 30, 2009, the following amount, or so much thereof as
25 39 is necessary, for the purpose designated:

25 40 For activities associated with the health care
25 41 access requirements of this division, and for not more
25 42 than the following full-time equivalent positions:
25 43 \$ 135,900
25 44 FTEs 3.00>

25 45 #____. Page 33, by inserting after line 22 the
25 46 following:

25 47 <Sec. ____ IOWA HEALTHY COMMUNITIES INITIATIVE ==
25 48 APPROPRIATION. There is appropriated from the general
25 49 fund of the state to the department of public health
25 50 for the fiscal year beginning July 1, 2008, and ending
26 1 June 30, 2009, the following amount, or so much
26 2 thereof as is necessary, for the purpose designated:

26 3 For Iowa healthy communities initiative grants, and
26 4 for not more than the following full-time equivalent
26 5 positions:
26 6 \$ 450,000
26 7 FTEs 3.00

26 8 Sec. ____ NEW SECTION. 135.40A HEALTHCARE
26 9 COLLABORATIVE REQUIREMENTS.

26 10 1. In order to receive state funding, the voting
26 11 membership of the board of directors of the healthcare
26 12 collaborative as defined in section 135.40 shall
26 13 include at least a majority of consumer
26 14 representatives.

26 15 2. The health care collaborative shall model its
26 16 quality health care measures, indicators, events,
26 17 practices, and products to assess health care quality
26 18 on those of the national quality forum. The
26 19 healthcare collaborative shall submit a report to the
26 20 governor and the general assembly, annually by January
26 21 15, regarding the development and implementation of
26 22 these health care measures, indicators, events,
26 23 practices, and products and the resultant assessments
26 24 of health care quality. For the purposes of this
26 25 subsection, "national quality forum" means the
26 26 membership organization, which is exempt from federal
26 27 income taxation under section 501(c)(3) of the
26 28 Internal Revenue Code, created to develop and
26 29 implement a national strategy for health care quality
26 30 measurement and reporting as a result of the report
26 31 issued in 1998 by the president's advisory commission
26 32 on consumer protection and quality in the health care
26 33 industry and which was incorporated in May 1999.

26 34 Sec. ____ GOVERNOR'S COUNCIL ON PHYSICAL FITNESS
26 35 AND NUTRITION == APPROPRIATION. There is appropriated
26 36 from the general fund of the state to the department
26 37 of public health for the fiscal period beginning July
26 38 1, 2008, and ending June 30, 2009, the following
26 39 amount, or so much thereof as is necessary, for the

26 40 purpose designated:
26 41 For the governor's council on physical fitness:
26 42 \$ 112,100>
26 43 #____. Page 34, line 7, by striking the word and
26 44 figure <DIVISION V> and inserting the following:
26 45 <DIVISION XXVI>.
26 46 #____. Page 34, by inserting after line 8 the
26 47 following:
26 48 <Sec. ____ Section 135.62, subsection 2,
26 49 unnumbered paragraph 1, Code 2007, is amended to read
26 50 as follows:
27 1 There is established a state health facilities
27 2 council consisting of ~~five~~ seven persons appointed by
27 3 the governor, ~~one of whom shall be a health economist,~~
27 4 ~~one of whom shall be an actuary, and at least one of~~
27 5 ~~whom shall be a health care consumer.~~ The council
27 6 shall be within the department for administrative and
27 7 budgetary purposes.>
27 8 #____. Page 34, line 9, by striking the figure
27 9 <135.45> and inserting the following: <135.166>.
27 10 #____. Page 34, line 17, by inserting after the
27 11 word <validation> the following: <and shall be
27 12 modeled on those of the national quality forum as
27 13 defined in section 135.40A>.
27 14 #____. Page 34, by inserting after line 23 the
27 15 following:
27 16 <DIVISION ____
27 17 LONG=TERM CARE WORKFORCE
27 18 Sec. ____ DIRECT CARE WORKER ADVISORY COUNCIL ==
27 19 DUTIES == REPORT.
27 20 1. As used in this section, unless the context
27 21 otherwise requires:
27 22 a. "Assistance with instrumental activities of
27 23 daily living" means assistance with activities beyond
27 24 basic needs that assist a consumer in functioning
27 25 independently within the community. Such services may
27 26 include but are not limited to food preparation and
27 27 nutrition, home management, financial management, and
27 28 infection control, but require no physical contact
27 29 between the direct care worker and the consumer.
27 30 b. "Assistance with personal care activities of
27 31 daily living" means care provided to support a
27 32 consumer in meeting the consumer's basic needs while
27 33 acknowledging personal choices and encouraging
27 34 independence, and generally involves physical contact
27 35 between a direct care worker and a consumer. Such
27 36 services include but are not limited to assistance
27 37 with eating and feeding, bathing, skin care, grooming,
27 38 and mobility assistance.
27 39 c. "Department" means the department of public
27 40 health.
27 41 d. "Direct care" means environmental or chore
27 42 services, health monitoring and maintenance,
27 43 assistance with instrumental activities of daily
27 44 living, assistance with personal care activities of
27 45 daily living, personal care support, or specialty
27 46 skill services.
27 47 e. "Direct care worker" means an individual who
27 48 directly provides or assists a consumer in the care of
27 49 the consumer by providing direct care in a variety of
27 50 settings which may or may not require oversight of the
28 1 direct care worker, depending upon the setting.
28 2 "Direct care worker" does not include a nurse, case
28 3 manager, or social worker.
28 4 f. "Director" means the director of public health.
28 5 g. "Environmental or chore services" means
28 6 services provided both inside and outside of a
28 7 consumer's home that are designed to assist a consumer
28 8 in living independently in the community and which
28 9 require no physical contact between the direct care
28 10 worker and the consumer, and which require no special
28 11 education or training beyond task-specific
28 12 orientation. Such services may include but are not
28 13 limited to heavy household cleaning, lawn care, and
28 14 home maintenance.
28 15 h. "Health monitoring and maintenance" means
28 16 medically oriented care that assists a consumer in
28 17 maintaining the consumer's health on a daily basis and
28 18 which generally requires physical contact between a
28 19 direct care worker and a consumer. Such services may
28 20 include but are not limited to checking of vital

28 21 signs, collecting specimens or samples, and assisting
28 22 with range of motion exercises.

28 23 i. "Personal care support" means support provided
28 24 to a consumer as the consumer performs personal and
28 25 instrumental activities of daily living which require
28 26 no physical contact between the direct care worker and
28 27 the consumer. Such support includes testing and
28 28 training, observation, recording, documenting,
28 29 coaching, and supervising.

28 30 j. "Specialty skill services" means services that
28 31 require the care of a direct care worker with
28 32 additional education and training, and generally
28 33 requires physical contact between a direct care worker
28 34 and a consumer. Such services include dementia or
28 35 Alzheimer's care, psychiatric care, monitoring and
28 36 administration of medications, collecting specimens or
28 37 samples, giving shots, hospice and palliative care,
28 38 protective services, restorative and strengthening
28 39 exercises, and mentoring.

28 40 2. A direct care worker advisory council shall be
28 41 appointed by the director and shall include
28 42 representatives of direct care workers, consumers of
28 43 direct care services, educators of direct care
28 44 workers, other health professionals, employers of
28 45 direct care workers, and appropriate state agencies.

28 46 3. Membership, terms of office, quorum, and
28 47 expenses shall be determined by the director pursuant
28 48 to chapter 135.

28 49 4. The direct care worker advisory council shall
28 50 advise the director regarding regulation and
29 1 certification of direct care workers and shall develop
29 2 recommendations regarding all of the following:

29 3 a. Direct care worker classifications based on
29 4 functions and services provided by direct care
29 5 workers. The classifications shall include those
29 6 based on environmental and chore services, assistance
29 7 with instrumental activities of daily living, personal
29 8 care support, assistance with personal care activities
29 9 of daily living, health monitoring and maintenance,
29 10 and specialty skill services.

29 11 b. Functions for each direct care worker
29 12 classification based upon categories of core
29 13 competencies.

29 14 c. An education and training orientation to be
29 15 provided by employers which addresses the components
29 16 of confidentiality; ethics and legal requirements;
29 17 consumer and worker rights; person-directed and
29 18 consumer-centered care; cultural competency; growth,
29 19 development, and disability-specific competency;
29 20 observation, referral, and reporting; communication
29 21 and interpersonal skills; problem solving; safety and
29 22 emergency procedures; infection control and
29 23 occupational safety and health administration
29 24 guidelines; and professional education and training.

29 25 d. Education and training requirements for each of
29 26 the direct care worker classifications.

29 27 e. The standard curriculum required in training of
29 28 direct care workers for each of the direct care worker
29 29 classifications, based on training required for the
29 30 duties specified and related core competencies. The
29 31 curriculum shall be standard notwithstanding the
29 32 entity offering the curriculum, and shall meet or
29 33 exceed federal or state requirements. The curriculum
29 34 shall include a requirement that any direct care
29 35 worker who will be assisting with prescribed
29 36 medications complete a medication aide course.

29 37 f. Education and training equivalency standards
29 38 for individuals who have completed higher education in
29 39 a health care profession based on core competencies
29 40 for each direct care worker classification and in
29 41 correlation with specific institutional curricula in
29 42 health care professions. The standards shall provide
29 43 that those meeting the equivalency standards may take
29 44 any prescribed examination for the appropriate direct
29 45 care worker classification.

29 46 g. Guidelines that allow individuals who are
29 47 members of the direct care workforce prior to the date
29 48 of required certification to be incorporated into the
29 49 new regulatory system based on education, training,
29 50 current certifications, or demonstration of core
30 1 competencies.

30 2 h. Continuing education requirements and standards
30 3 to ensure that direct care workers remain competent
30 4 and adapt to the changing needs of the direct care
30 5 workforce, employers, and consumers. The requirements
30 6 and standards shall meet or exceed federal or state
30 7 continuing education requirements for the applicable
30 8 direct care worker classification existing prior to
30 9 the date of required certification.

30 10 i. Standards to ensure that direct care worker
30 11 educators and trainers retain a level of competency
30 12 and adapt to the changing needs of the direct care
30 13 workforce, employers, and consumers. The standards
30 14 shall meet or exceed federal or state continuing
30 15 education requirements existing prior to the date of
30 16 required certification.

30 17 j. Certification requirements for each
30 18 classification of direct care worker.

30 19 k. Protections for the title "certified direct
30 20 care worker".

30 21 1. (1) Standardized requirements across care
30 22 settings for supervision, if applicable, for each
30 23 classification of direct care worker based on the
30 24 functions being performed.

30 25 (2) The roles and responsibilities of direct care
30 26 worker supervisory positions which shall meet or
30 27 exceed federal and state requirements existing prior
30 28 to the date of required certification.

30 29 m. Required responsibility for maintenance of
30 30 credentialing and continuing education and training by
30 31 individual direct care workers rather than employers.

30 32 n. Provision of information to income maintenance
30 33 workers and case managers under the purview of the
30 34 department of human services about the education and
30 35 training requirements for direct care workers to
30 36 provide the care and services to meet a consumer's
30 37 needs under the home and community-based services
30 38 waiver options under the medical assistance program.

30 39 5. The direct care worker advisory council shall
30 40 report its recommendations to the director by November
30 41 30, 2008, including recommendations for any changes in
30 42 law or rules necessary to implement certification of
30 43 direct care workers beginning July 1, 2009.

30 44 Sec. ____ DIRECT CARE WORKER COMPENSATION ADVISORY
30 45 COMMITTEE == REVIEWS.

30 46 1. a. The general assembly recognizes that direct
30 47 care workers play a vital role and make a valuable
30 48 contribution in providing care to Iowans with a
30 49 variety of needs in both institutional and home and
30 50 community-based settings. Recruiting and retaining
31 1 qualified, highly competent direct care workers is a
31 2 challenge across all employment settings. High rates
31 3 of employee vacancies and staff turnover threaten the
31 4 ability of providers to achieve the core mission of
31 5 providing safe and high quality support to Iowans.
31 6 However, the general assembly also recognizes that the
31 7 high turnover rate and its resulting negative impact
31 8 on the quality of care provided, is perpetuated and
31 9 exacerbated by the inadequate wages and other
31 10 compensation paid to direct care workers.

31 11 b. It is the intent of the general assembly to
31 12 reduce the turnover rate of and improve the quality of
31 13 health care delivered by direct care workers by
31 14 substantially increasing the wages and other
31 15 compensation paid to direct care workers in this
31 16 state.

31 17 c. It is the intent of the general assembly that
31 18 the initial review of and recommendations for
31 19 improving wages and other compensation paid to direct
31 20 care workers focus on nonlicensed direct care workers
31 21 in the nursing facility setting. However, following
31 22 the initial review of wages and other compensation
31 23 paid to direct care workers in the nursing facility
31 24 setting, the department of human services shall
31 25 convene subsequent advisory committees with
31 26 appropriate representatives of public and private
31 27 organizations and consumers to review the wages and
31 28 other compensation paid to and turnover rates of the
31 29 entire spectrum of direct care workers in the various
31 30 settings in which they are employed as a means of
31 31 demonstrating the general assembly's commitment to
31 32 ensuring a stable and quality direct care workforce in

31 33 this state.

31 34 2. The department of human services shall convene
31 35 an initial direct care worker compensation advisory
31 36 committee to develop recommendations for consideration
31 37 by the general assembly during the 2009 legislative
31 38 session regarding wages and other compensation paid to
31 39 direct care workers in nursing facilities. The
31 40 committee shall consist of the following members,
31 41 selected by their respective organizations:

31 42 a. The director of human services, or the
31 43 director's designee.

31 44 b. The director of public health, or the
31 45 director's designee.

31 46 c. The director of the department of elder
31 47 affairs, or the director's designee.

31 48 d. The director of the department of inspections
31 49 and appeals, or the director's designee.

31 50 e. A representative of the Iowa caregivers
32 1 association.

32 2 f. A representative of the Iowa health care
32 3 association.

32 4 g. A representative of the Iowa association of
32 5 homes and services for the aging.

32 6 h. A representative of the AARP Iowa chapter.

32 7 3. The advisory committee shall also include two
32 8 members of the senate and two members of the house of
32 9 representatives, with not more than one member from
32 10 each chamber being from the same political party. The
32 11 legislative members shall serve in an ex officio,
32 12 nonvoting capacity. The two senators shall be
32 13 appointed respectively by the majority leader of the
32 14 senate and the minority leader of the senate, and the
32 15 two representatives shall be appointed respectively by
32 16 the speaker of the house of representatives and the
32 17 minority leader of the house of representatives.

32 18 4. Public members of the committee shall receive
32 19 actual expenses incurred while serving in their
32 20 official capacity and may also be eligible to receive
32 21 compensation as provided in section 7E.6. Legislative
32 22 members of the committee are eligible for per diem and
32 23 reimbursement of actual expenses as provided in
32 24 section 2.10.

32 25 5. The department of human services shall provide
32 26 administrative support to the committee and the
32 27 director of human services, or the director's designee
32 28 shall serve as chairperson of the committee.

32 29 6. The department shall convene the committee no
32 30 later than May 15, 2008. Prior to the initial
32 31 meeting, the department of human services shall
32 32 provide all members of the committee with a detailed
32 33 analysis of trends in wages and other compensation
32 34 paid to direct care workers.

32 35 7. The committee shall consider options related
32 36 but not limited to all of the following:

32 37 a. Revision of the modified price-based case-mix
32 38 reimbursement system for nursing facilities under the
32 39 medical assistance program.

32 40 b. The shortening of the time delay between a
32 41 nursing facility's submittal of cost reports and
32 42 receipt of the reimbursement based upon these cost
32 43 reports.

32 44 c. The targeting of appropriations to provide
32 45 increases in direct care worker compensation.

32 46 d. Creation of a nursing facility provider tax.

32 47 8. Following its deliberations, the committee
32 48 shall submit a report of its findings and
32 49 recommendations regarding improvement in direct care
32 50 worker wages and compensation in the nursing facility
33 1 setting to the governor and the general assembly no
33 2 later than December 12, 2008.

33 3 9. For the purposes of the initial review, "direct
33 4 care worker" means nonlicensed nursing facility staff
33 5 who provide hands-on care including but not limited to
33 6 certified nurse aides and medication aides.

33 7 Sec. ____ DIRECT CARE WORKER IN NURSING FACILITIES
33 8 == TURNOVER REPORT. The department of human services
33 9 shall modify the nursing facility cost reports
33 10 utilized for the medical assistance program to capture
33 11 data by the distinct categories of nonlicensed direct
33 12 care workers and other employee categories for the
33 13 purposes of documenting the turnover rates of direct

33 14 care workers and other employees of nursing
33 15 facilities. The department shall submit a report on
33 16 an annual basis to the governor and the general
33 17 assembly which provides an analysis of direct care
33 18 worker and other nursing facility employee turnover by
33 19 individual nursing facility, a comparison of the
33 20 turnover rate in each individual nursing facility with
33 21 the state average, and an analysis of any improvement
33 22 or decline in meeting any accountability goals or
33 23 other measures related to turnover rates. The annual
33 24 reports shall also include any data available
33 25 regarding turnover rate trends, and other information
33 26 the department deems appropriate. The initial report
33 27 shall be submitted no later than December 1, 2008, and
33 28 subsequent reports shall be submitted no later than
33 29 December 1, annually, thereafter.

33 30 Sec. ____ EMPLOYER=SPONSORED HEALTH CARE COVERAGE
33 31 DEMONSTRATION PROJECT == DIRECT CARE WORKERS.

33 32 1. The department of human services shall
33 33 implement a three-year demonstration project to
33 34 provide a health care coverage premium assistance
33 35 program for nonlicensed direct care workers beginning
33 36 July 1, 2009. The department of human services shall
33 37 convene an advisory council consisting of
33 38 representatives of the Iowa caregivers association,
33 39 the Iowa child and family policy center, the Iowa
33 40 association of homes and services for the aging, the
33 41 Iowa health care association, the AARP Iowa chapter,
33 42 the senior living coordinating unit, and other public
33 43 and private entities with interest in the
33 44 demonstration project to assist in designing the
33 45 project. The department shall also review the
33 46 experiences of other states and the medical assistance
33 47 premium assistance program in designing the
33 48 demonstration project. The department, in
33 49 consultation with the advisory council, shall
33 50 establish criteria to determine which nonlicensed
34 1 direct care workers shall be eligible to participate
34 2 in the demonstration project. The project shall allow
34 3 up to five hundred direct care workers and their
34 4 dependents to access health care coverage sponsored by
34 5 the direct care worker's employer subject to all of
34 6 the following:

34 7 a. A participating employer provides health care
34 8 coverage that meets certain parameters of coverage and
34 9 cost specified by the department and the health care
34 10 coverage is available to the employee and the
34 11 employee's dependents.

34 12 b. A participating employer contributes payment
34 13 for at least sixty percent of the total premium cost.

34 14 c. The family income of the direct care worker is
34 15 less than four hundred percent of the federal poverty
34 16 level as defined by the most recently revised poverty
34 17 income guidelines published by the United States
34 18 department of health and human services.

34 19 d. The employee meets any requirement for minimum
34 20 number of hours of work necessary to be eligible for
34 21 the employer's health care coverage.

34 22 e. The premium cost to the employee does not
34 23 exceed seventy-five dollars per month for individual
34 24 employee coverage or one hundred ten dollars per month
34 25 for family coverage, and the employee contributes to
34 26 the cost of the premium on a sliding fee schedule
34 27 specified by the department.

34 28 f. The state may offer additional coverage for
34 29 health care services not provided or paid for by the
34 30 employer-sponsored plan that are in addition to the
34 31 requirements specified by the department. To the
34 32 extent possible, the demonstration project shall also
34 33 incorporate a medical home, wellness and prevention
34 34 services, and chronic care management.

34 35 2. Six months prior to the completion of the
34 36 three-year demonstration project, the department of
34 37 human services, in cooperation with the Iowa
34 38 caregivers association, the AARP Iowa chapter,
34 39 representatives of the senior living coordinating
34 40 unit, the Iowa child and family policy center, and
34 41 representatives of the participating employers, shall
34 42 review the project and make recommendations for
34 43 continuation, termination, modification, or expansion
34 44 of the project. The review shall also determine the

34 45 impact that premium and cost-sharing assistance has on
34 46 employee health care coverage take-up rates, on the
34 47 recruitment and retention of employees, on the ability
34 48 of the state to achieve cost savings by utilizing
34 49 employer contributions to offset the costs of health
34 50 care coverage, and on the lives of the direct care
35 1 workers and their dependents who participate in the
35 2 project. The department shall submit a written
35 3 summary of the review to the general assembly at least
35 4 ninety days prior to the scheduled completion of the
35 5 project.

35 6 Sec. ____ EFFECTIVE DATE. This division of this
35 7 Act, being deemed of immediate importance, takes
35 8 effect upon enactment.>

35 9 #____. Title page, line 3, by striking the words
35 10 <end-of-life care decision making> and inserting the
35 11 following: <long-term living planning and patient
35 12 autonomy in health care>.

35 13 #____. Title page, by striking line 8 and inserting
35 14 the following: <transparency, health care quality,
35 15 cost containment and consumer information, health care
35 16 access, the long-term care workforce, making
35 17 appropriations, and providing effective date and
35 18 applicability provisions>.

35 19 #____. By renumbering, relettering, or
35 20 redesignating and correcting internal references as
35 21 necessary.>

35 22

35 23

35 24

35 25 DAVID JOHNSON

35 26 HF 2539.708 82

35 27 pf/rj/11003